

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
TYPE CLASSIFIER			
FORMALITY REVIEW	W.	67479	12-15-60
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☒ Allowed
☒ (Through numeral) Canceled
☒ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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